

OPERATIONAL MEMO

TITLE:	CASE MANAGEMENT OPERATIONAL CHANGES IN RESPONSE TO COVID-19; IN-PERSON MEETINGS
SUPERSEDES NUMBER:	HCPF OM 20-075 & HCPF OM 20-076
EFFECTIVE DATE:	MAY 4, 2021
DIVISION AND OFFICE:	CASE MANAGEMENT AND QUALITY PERFORMANCE DIVISION, OFFICE OF COMMUNITY LIVING
PROGRAM AREA:	CASE MANAGEMENT AGENCIES
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Purpose and Audience

The purpose of this Operational Memo is to inform Case Management Agencies (CMAs) of modifications to the temporary operational changes for in-person member contacts.

Information

Effective March 11, 2020, CMAs were instructed to perform initial, continued stay review assessments, Supports Intensity Scale (SIS) assessments and Inventory for Client and Agency Planning (ICAP) assessments, transition coordination, and routine monitoring contacts by telephone or another electronic modality. Case Managers were also instructed to utilize video calls or conferencing to complete assessments unless the member only had the option to use a telephone.

Updated Guidance Effective May 4, 2021

CMAs will have the option to offer in-person contact to members who reside in private residences. This change is **not applicable** to members residing in group or facility settings.

In-person case management functions may only be performed when the following conditions are met:

The CMA must have an internal policy for implementation of in-person visits prior to their commencement. The policy must follow Public Health Executive Orders and include the following:

- 1. To protect the health and safety of our members, the Case Manager must be fully vaccinated to complete in-person member contact.
 - A person is considered <u>fully vaccinated</u> for COVID-19 if more than 2 weeks has passed since the person received the second dose in a 2dose series or if more than 2 weeks has passed since the person received a single-dose vaccine.
- 2. COVID-19 precautions are in place and being followed, as outlined by the <u>Colorado Department of Public Health & Environment</u> at the time of the visit and the Local Public Health Agency.
- 3. The CMA must provide Personal Protective Equipment to the Case Manager and maintain a symptom attestation log for Case Managers to complete prior to in-person member contact.
- 4. The Case Manager must be fever-free, symptom-free, and have no known exposure to COVID-19 prior to having any in-person contact with members.
- 5. The CMA must maintain a log of all in-person case management and member interaction to allow for contact tracing.
- 6. Case Managers are to limit their in-person contact to no more than three members per day.
- 7. In-person contact must be at the request of the member.
 - The Case Manager must discuss the risks of in-person contact with the member and, when applicable, the member's guardian and document the member's choice of contact modality.
 - Risks of in-person contact include potential exposure and/or risk of contracting of COVID-19.
 - Resources for Case Managers when discussing potential risks related to COVID-19:
 - https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html

- https://www.cdc.gov/coronavirus/2019-ncov/need-extraprecautions/people-with-medicalconditions.html?CDC AA refVal=https%3A%2F%2Fwww .cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extraprecautions%2Fgroups-at-higher-risk.html
- The Case Manager must discuss with the member where the in-person visit will take place, who will be present, and the precaution activities that are to be agreed upon.
 - When possible, meet in an outdoor setting,
 - A surgical mask covering the nose and mouth must be worn by all persons present throughout the visit,
 - Allow for at least six feet of social distancing space,
 - When indoors, interaction should be performed in a wellventilated area,
 - Limit duration of contact to minimum amount of time needed,
 - Case Managers are to wash or sanitize their hands before and after in-person contact.
- 8. Case Managers are to track their temperatures prior to in-person contact and report any COVID-related symptoms or concerns to their supervisor.
 - If a Case Manager or a person residing in their home tests positive for COVID-19, the member should be notified and the Case Manager shall not perform in-person visits until they have completed isolation for 10 days, with at least the last three (3) days without symptoms.
 - The Case Manager will document how the visit was completed in the Benefits Utilization System (BUS).

Additional resources regarding precautions are available through the Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/index.html

Authorization Timelines and Documentation

- Initial and Continued Stay Review assessments completed by phone or other electronic modality are allowed for up to a one-year authorization period.
- Documenting contact that was <u>not</u> completed in-person during the COVID-19 Public Health Emergency:
 - The Case Manager will enter the contacts as outlined in the Single Entry Point Rate Technical Guide and the Community Centered Board Technical Guide.
 - The guides direct the Case Manager to enter the contact in the log note section of the BUS.

- The Case Manager will answer "yes" to the question, "Did this contact take place Face to Face?" This will allow the Department to pay services that are temporarily provided virtually.
- The Case Manager will then indicate in the log note text section that the in-person monitoring was performed through alternative methods to ensure health and safety during the COVID-19 pandemic, per the direction contained in this memo.
- The Case Manager will indicate how the contact was performed in the documentation narrative.

Reimbursement

All CMAs designated by the Department as rural or frontier will be eligible for the rural add-on payment for all required contacts that are completed in person. CMAs will be eligible for reimbursement for rural add-on through the Community Centered Boards (CCB) and Single Entry Points (SEP) Contracts in accordance with the payment procedures and administrative and State General Fund programs rates table within the Contracts. Because the in-person contacts are not required in all situations and are dependent on the conditions identified in the memo above, CCBs and SEPs must submit an invoice to the Department in order to be reimbursed for the rural add-on payment using the attached template.

Questions regarding CCB administrative and State General Fund program reimbursement can be sent to Amanda.Allen@state.co.us.

Questions regarding SEP reimbursement can be sent to Sarah.McDonnell@state.co.us.

The CCBs designated by the Department as rural or frontier will also be eligible for reimbursement for rural add-on for in-person Targeted Case Management (TCM) monitoring contacts by billing the Colorado interChange Medicaid Management Information System (MMIS). The service should be billed using the same Provider ID used to bill TCM. The CCBs should consult the IDD Billing Manual, the latest version of which can be found on the Department's Billing Manual web page, under the "HCBS" dropdown. The CCBs should consult the latest HCBS Rates Schedule on the web page with the Department's Provider Rates and Fee Schedule for current rates and procedure code/modifier strings necessary to provide the service. Questions about TCM billing should be directed to the Fiscal Agent Provider Services Call Center at 1-844-235-2387.

Attachment(s):

CMA Rural Travel Add-On Invoice Template

Department Contact:

HCPF HCBS Questions@state.co.us

Department COVID-19 Webpage:

https://www.colorado.gov/pacific/hcpf/COVID

For specific COVID-19 information, please call the CDPHE Call Center at 303-692-2700. For general questions about COVID-19: Call CO-Help at 303-389-1687 or 1-877-462-2911 or email COHELP@RMPDC.org, for answers in English and Spanish (español), Mandarin (普通话) and more.